

# Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

LL-11-03

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Rec'd 2/17/11  
ms

## APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

### SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
- ☐ INTERIM PERMIT **Complete Section 5**
- ☒ NEW LICENSE **Complete Sections 2, 3, 4, 13, 14, 15, 16**
- ☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)  
**Complete Sections 2, 3, 4, 11, 13, 15, 16**
- ☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)  
**Complete Sections 2, 3, 4, 12, 13, 15, 16**
- ☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE  
**Complete Sections 2, 3, 4, 9, 13, 16** (fee not required)
- ☐ GOVERNMENT **Complete Sections 2, 3, 4, 10, 13, 15, 16**

### SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. **Complete Section 6**
- ☒ INDIVIDUAL **Complete Section 6**
- ☐ PARTNERSHIP **Complete Section 6**
- ☐ CORPORATION **Complete Section 7**
- ☐ LIMITED LIABILITY CO. **Complete Section 7**
- ☐ CLUB **Complete Section 8**
- ☐ GOVERNMENT **Complete Section 10**
- ☐ TRUST **Complete Section 6**
- ☐ OTHER (Explain) \_\_\_\_\_

### SECTION 3 Type of license and fees LICENSE #(s):

1. Type of License(s): Domestic Farm Winery

\$124

2. Total fees attached:

\$

Department Use Only

**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.**

**The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.**

### SECTION 4 Applicant

1. Owner/Agent's Name: Mr. Petroff Marie Ann  
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: \_\_\_\_\_  
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Pleasant Valley Winery  
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 253B S. Cody Road Young Gila 85554  
(Do not use PO Box Number) City County Zip
5. Business Phone: 866 558-2734 Ext. 4484 Daytime Contact: 866 558-2734 Ext. 4484
6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☒ NO
7. Mailing Address: P.O. Box 31 Young Az 85554  
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type N/A \$ Type \$

#### DEPARTMENT USE ONLY

Fees:

Application 100<sup>00</sup>

Interim Permit

Agent Change

Club

Finger Prints \$ 240<sup>00</sup>

TOTAL OF ALL FEES 1240<sup>00</sup>

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: PC

Date: 2/11/2011

Lic. #

13043001

**SECTION 5 Interim Permit:**

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. \_\_\_\_\_
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? \_\_\_\_\_

**ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.**

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,  
 (Print full name)  
 MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of \_\_\_\_\_ County of \_\_\_\_\_

X \_\_\_\_\_  
 (Signature)

The foregoing instrument was acknowledged before me this

My commission expires on: \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 Day Month Year

\_\_\_\_\_  
 (Signature of NOTARY PUBLIC)

**SECTION 6 Individual or Partnership Owners:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

**1. Individual:**

Last	First	Middle	% Owned	Mailing Address	City State Zip
Petroff	Marie	Ann	100	P.O. Box 31	Young, Az 85554

Partnership Name: (Only the first partner listed will appear on license) \_\_\_\_\_

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/> <input type="checkbox"/>	N/A					
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☒ NO  
 If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#
N/A					

**SECTION 7 Corporation/Limited Liability Co.:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

☐ CORPORATION **Complete questions 1, 2, 3, 5, 6, 7, and 8.**

☐ L.L.C. **Complete 1, 2, 4, 5, 6, 7, and 8.**

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1. Name of Corporation/L.L.C.: \_\_\_\_\_  
(Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: \_\_\_\_\_ State where Incorporated/Organized: \_\_\_\_\_

3. AZ Corporation Commission File No.: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_

4. AZ L.L.C. File No: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_

5. Is Corp./L.L.C. Non-profit? ☐ YES ☐ NO

6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

**SECTION 8 Club Applicants:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Name of Club: \_\_\_\_\_ Date Chartered: \_\_\_\_\_  
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit? ☐ YES ☐ NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

**SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:**

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: \_\_\_\_\_  
Last First Middle
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

**SECTION 10 Government: (for cities, towns, or counties only)**

1. Governmental Entity: \_\_\_\_\_
2. Person/designee: \_\_\_\_\_  
Last First Middle Contact Phone Number

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 11 Person to Person Transfer:**

**Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).**

1. Current Licensee's Name: \_\_\_\_\_ Entity: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: \_\_\_\_\_  
(Exactly as it appears on license)
3. Current Business Name: \_\_\_\_\_  
(Exactly as it appears on license)
4. Physical Street Location of Business: Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
5. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
6. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
7. Current Mailing Address: \_\_\_\_\_  
(Other than business) Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.
10. I, \_\_\_\_\_, hereby authorize the department to process this application to transfer the  
(print full name)  
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.
- I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER  
(print full name)  
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

\_\_\_\_\_  
(Signature of CURRENT LICENSEE)

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

\_\_\_\_\_  
Day Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

**APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE**

**SECTION 13** Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

a) Restaurant license (§ 4-205.02)

b) Hotel/motel license (§ 4-205.01)

c) Government license (§ 4-205.03)

d) Fenced playing area of a golf course (§ 4-207 (B)(5))

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
N/A							

6. What type of business will this license be used for (be specific)? Wine Manufacturing and Sale

### SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?  
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:  
License # \_\_\_\_\_ (exactly as it appears on license) Name \_\_\_\_\_

### SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☒ NO  
If yes, give the name of licensee, Agent or a company name:  
\_\_\_\_\_ and license #: \_\_\_\_\_  
Last First Middle
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

\_\_\_\_\_  
applicant's signature

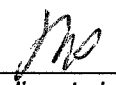
As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit [www.azliquor.gov](http://www.azliquor.gov) and click on the "Information" tab.

\_\_\_\_\_  
applicants initials

### SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:  
☒ Entrances/Exits ☒ Liquor storage areas Patio: ☐ Contiguous  
☐ Service windows ☐ Drive-in windows ☐ Non Contiguous
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO  
If yes, what is your estimated opening date? 3/15/2011  
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

  
applicants initials

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

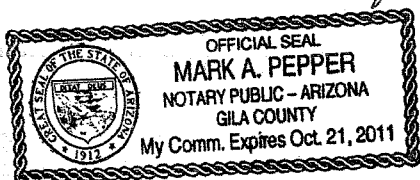
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

DIAGRAM ATTACHED

#### SECTION 16 Signature Block

I, MARIE ANN PETROFF, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X Marie Ann Petroff  
(signature of applicant listed in Section 4, Question 1)



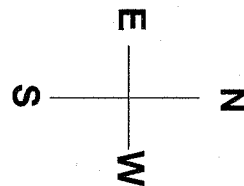
My commission expires on: 21 Oct. 2011  
Day Month Year

State of Arizona County of Gila

The foregoing instrument was acknowledged before me this

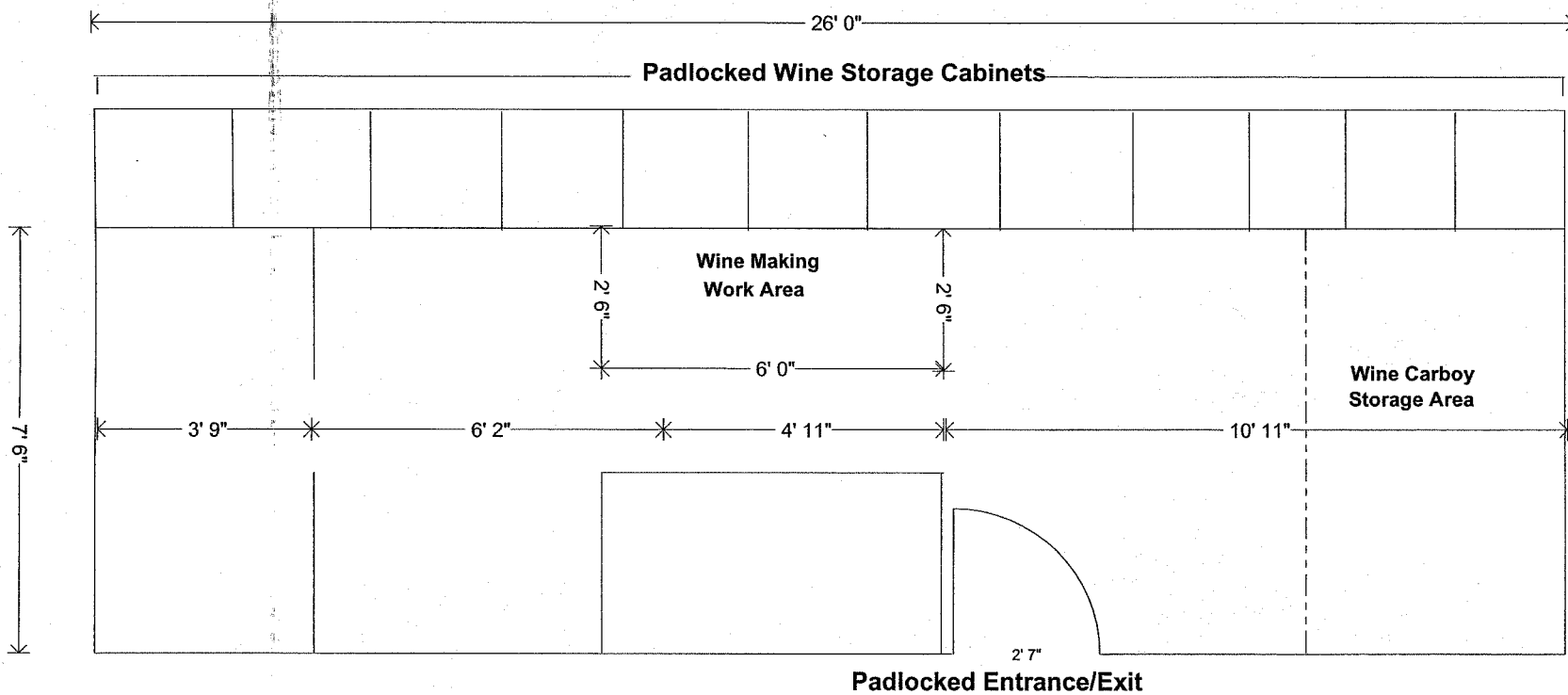
21st of December, 2010  
Day Month Year

Mark A. Pepper  
signature of NOTARY PUBLIC



**Section 15 - Diagram of Premises**

10 DEC 30 11:19 AM '94 PM 4 01



# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

## QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with **BLACK INK**.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

13043001  
(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19)  
☐ Agent (Complete Questions 1-19)  
☐ Manager (Only) (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete #21 for a Manager

2. Name: Petroff Marie Ann Date of Birth: [REDACTED]  
Last First Middle (NOT a Public Record)

3. Social Security Number: [REDACTED] Drivers License: [REDACTED] State: Az  
(NOT a public record) (NOT a public record)

4. Place of Birth: La Porte In USA Height: 5'6" Weight: 135 Eyes: Brn Hair: Brn  
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 866 558-2734 Ext. 4484

6. Name of Current or Most Recent Spouse: Petroff James Martin Date of Birth: [REDACTED]  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: 2000

8. Telephone number to contact you during business hours for any questions regarding this document. 866 558-2734 Ext. 4484

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Pleasant Valley Winery Premises Phone: 866 558-2734 Ext. 4484

11. Physical Location of Licensed Premises Address: 253B S. Cody Road Young Gila 85554  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
7/1999	CURRENT	Retired	253A S. Cody Road, Young, AZ 85534

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↑

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
7/2000	CURRENT	Own	253A S. Cody Road	Young	Az	85554

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? 24, and **answer #14a below**. If NO, skip to #15. ☒ YES ☐ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☒ NO

15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☐ YES ☒ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved, and dispositions.

**SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED**

20. I, Marie Ann Petroff, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)  
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X Marie Ann Petroff  
OFFICE of the Applicant  
**MARK A. PEPPER**  
NOTARY PUBLIC - ARIZONA  
GILA COUNTY  
My Comm. Expires Oct. 21, 2011  
My commission expires on: 21 Oct. 2011  
Day Month Year

State of Arizona County of Gila  
The foregoing instrument was acknowledged before me this  
21st day of December, 2010  
Month Year  
Mark A. Pepper  
(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT  
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.  
The manager named must be at least 21 years of age.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

X \_\_\_\_\_ day of \_\_\_\_\_  
Signature of Controlling Person or Agent (circle one) Month Year

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

\_\_\_\_\_  
Print Name

My commission expires on: \_\_\_\_\_  
Day Month Year



10 DEC 30 11:47 AM '02

**ARIZONA STATEMENT OF CITIZENSHIP  
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**

**Professional License and Commercial License**

**Department of Liquor Licenses and Control**

Liquor License #: 13043001

Ownership Name: Pleasant Valley Winery  
(as listed on the current liquor license application or renewal application)

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

**Directions:** All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

**SECTION I — APPLICANT INFORMATION**

APPLICANT'S NAME (Print or type) Marie Ann Petroff DATE 12/30/2010

TYPE OF APPLICATION (check one) ☒ INITIAL APPLICATION ☐ RENEWAL

TYPE OF LICENSE Domestic Farm Winery

**SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION**

**Directions:** Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: \_\_\_\_\_

A. Are you a citizen or national of the United States? (check one) ☒ Yes ☐ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.  
City La Porte State (or equivalent) Indiana Country or Territory United States

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

DLLC 2/20/09

AG 11/08/07 - 81662

### SECTION III — ALIEN STATUS DECLARATION

**Directions:** To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided:

\_\_\_\_\_

#### **“Qualified Alien” Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))**

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ 8. An alien who is, or whose child or child's parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

#### **Nonimmigrant Status (8 U.S.C. § 1621(a)(2))**

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

#### **Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))**

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

#### **Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))**

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

#### **Otherwise Lawfully Present (A.R.S. § 1-501)**

- ☐ 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

**SECTION IV — DECLARATION**

**All applicants must complete this section.** I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

  
APPLICANT'S SIGNATURE

12/30/2010  
TODAY'S DATE

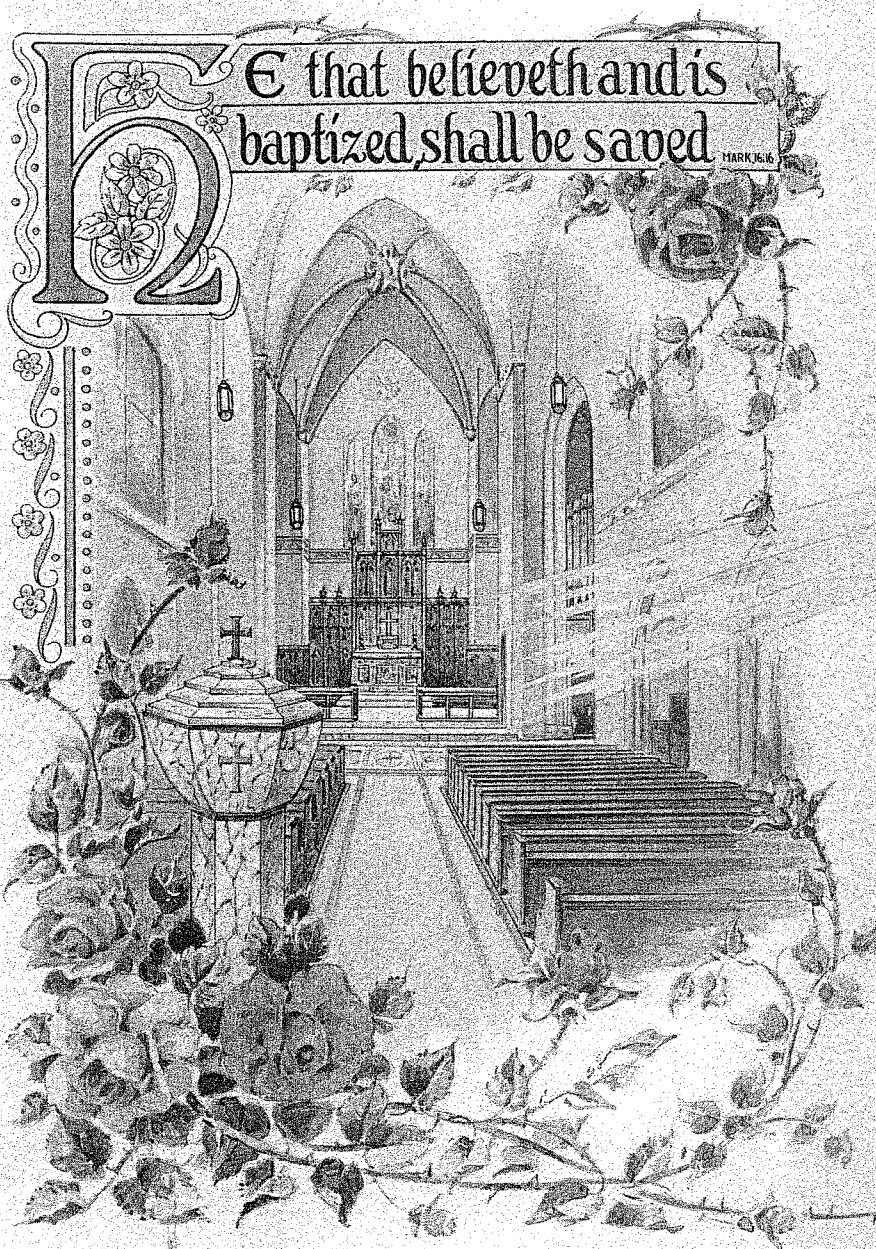
MICHIGAN DEPARTMENT OF HEALTH  
VITAL RECORDS SECTION  
LANSING

## CERTIFICATE OF REGISTRATION DEC 30 11:47 AM '57

THIS IS TO CERTIFY That a registered certificate has been filed and is now carefully preserved in the official records of the Michigan Department of Health at Lansing:

Name Marie Ann Rosenberry  
Date of birth [REDACTED] Reg. No. 39929  
Place of birth LaPorte, Indiana  
Father Dayton C. Mother Addie M.  
Recorded and filed in Michigan Department of Health 1-16-57  
Date issued 1-29-57

Albert E. Heustis M.D.  
ALBERT E. HEUSTIS, M. D.  
State Health Commissioner



Who that believeth and is  
baptized, shall be saved. MARK 16:16

# This Certifies That

Marie Ann Rosenberry

Child of Dayton Rosenberry

and his Wife Addie Tarnham Rosenberry

Born at La Porte Ind.

on the [REDACTED] day of [REDACTED] [REDACTED]

Was Baptized

in the Name of the Father and of the Son,  
and of the Holy Ghost

On the 8<sup>th</sup> day of January 1956

at Mt. Olivet Ev. Lutheran Church, Detroit, Mich.

Sponsors: Mr. & Mrs. Albert &

Adeline Mielke

H. V. Mueller

Pastor

10 DEC 30 1956

FEB 11 1973 PM 1 06

# Marriage License

Macomb

COUNTY, MICHIGAN

State File No.

104584

Local File No.

To any person legally authorized to solemnize marriage in the State of Michigan,

## Greeting:

Marriage must be solemnized within 30 days of date of issue in the State of Michigan between

James Martin Petroff

and

Marie Ann Rosenberry

Full name of male

Full name of female

23

23

Age at last birthday

Date of birth

Age at last birthday

Date of birth

1041 North River Road

15231 Common Road

Residence No.

Street

Residence No.

Street

St. Clair, Michigan

Roseville, Michigan

City

State

Zip Code

City

State

Zip Code

Mount Clemens, Michigan

La Porte, Indiana

Birthplace—city and state

Birthplace—city and state

Computer Programmer

Personnel Counselor

Occupation

Occupation

None

None

Number of times previously married

Number of times previously married

Steven Petroff

Dayton Clyde Rosenberry

Father's full name

Father's full name

Jacqueline Jean Sickels

Addie Marie Farnham

Mother's maiden name

Mother's maiden name

and whose  
Maiden name (if a widow)

parent's affidavit in case she has not attained the age of eighteen years, has been filed in my office. An affidavit as provided by Public Act No. 128, Laws of 1887, as amended, by which it appears that

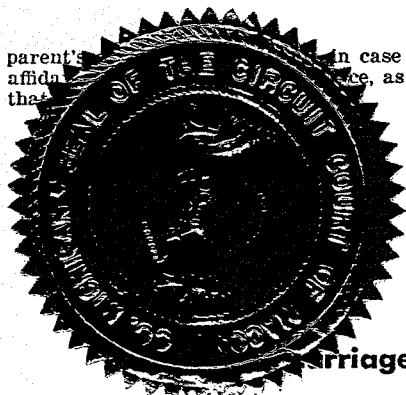
In witness whereof, I have signed and sealed these presents,

this 7th day of June, A. D. 1973

Edna Miller

County Clerk

Deputy County Clerk



Marriage license VOID 30 days after date of issue.

## Certificate of Marriage

Between Mr. James Martin Petroff and M. Marie Ann Rosenberry

I hereby certify that, in accordance with the above license, the persons herein mentioned were joined in marriage by me, at St. Clair Shores, county of Macomb, MICHIGAN,

on the 16th day of June, A. D. 1973, in the presence of

Robert M. Gaffney of St. Clair, Mich. and

Susan M. Gaffney of Detroit, Mich.

as witnesses.

Erwin J. Beyers, Pastor, St. Paul's Church

Signature of magistrate or clergyman

Official title

22134 Colony St. Clair Shores, Mich

Post office address

THIS DUPLICATE must be delivered by the person solemnizing marriage to one of the parties joined in marriage.

This space reserved for binding.

Arizona Department of Liquor Licenses and Control  
 800 West Washington, 5th Floor  
 Phoenix, Arizona 85007  
 www.azliquor.gov  
 (602) 542-5141

# CERTIFICATE OF TITLE 4 TRAINING COMPLETION

Do Not Duplicate This Form

Certificates must be completed by a state-approved training course provider in black ink, on an original form.

MARIE PETROFF

Full Name (please print)

Signature

January 30, 2011

Training Completion Date

January 29, 2014 (B); 2016 (M)

Certificate Expiration Date

(MANAGEMENT - 5 years from completion date)  
 (BASIC - 3 years from completion date)

If Trainee Is Employed By A Licensee

Type of Training Completed (check Yes or No)

☒ Yes ☐ No

BASIC

☒ Yes ☐ No

ON SALE

☒ Yes ☐ No

MANAGEMENT

☒ Yes ☐ No

OFF SALE

☒ Yes ☐ No

BOTH

☐ Yes ☒ No

OTHER

Name of Licensee

Business Name

Liquor License #

## Alcohol Training Program Provider Information

SCOTTSDALE COMMUNITY COLLEGE

#11091

Company or Individual Name (please print)

9000 East Chaparral Road

Address

Scottsdale

AZ

85256

City

State

Zip

( 480 ) 423-6322

Daytime Contact Phone #

I certify the above named individual has successfully completed the training specified above in accordance with Arizona Revised Statute, Arizona Administrative Code, and the training course curriculum approved by the Department of Liquor Licenses and Control:

GARY WARD

Name of Trainer (please print)

January 30, 2011

Date

Trainer Signature

Pursuant to A.R.S. § 4-112(G)(2), mandatory Title 4 liquor law training is required prior to the issuance of all new liquor license applications submitted after November 1, 1997.

The persons(s) required to attend both the BASIC and MANAGEMENT Title 4 liquor law training, on- or off-sale, will include all of the following:

Owner(s)

Licensee/agent or manager(s) actively involved in daily business operation

A valid (not expired) Certificate of Title 4 Training Completion must be submitted to the Department of Liquor Licenses and Control before a liquor license application is considered complete.

Before acceptance of a manager's questionnaire and/or agent change for an existing liquor license, proof of attendance for the BASIC and MANAGEMENT Title 4 liquor law training (on- or off-sale) is required.

Disabled individuals requiring special accommodations, please call (602) 542-9027